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ABSTRACT

This final report describes, Project Trans/Team, a 3-year infant inservice training project designed to provide training and technical assistance to programs that serve children from birth to 3 years of age who have disabilities, are developmentally delayed, or are at risk. The project provided training to 20 programs and 282 professionals in six states: Texas, New Hampshire, Virginia, Maryland, New Mexico, and New York. In each state the project worked in coordination with the state lead agency to identify local sites and related administrative and service issues. Training and technical assistance was based on individualized program development and staff development needs. The Project Trans/Team Program Profile Needs Assessment was developed to identify program and staff needs. The project developed and field tested several training units which address: the transdisciplinary team approach to early intervention; family systems; transition; interagency collaboration; team building; and case management. Followup data showed inservice training by the project resulted in significant plans for program change in 85 percent of programs trained. Most frequently mentioned areas of program change were team functioning and family focus. Five appendixes include sample pages of a training unit, program details, the needs assessment instrument, and a sample training agenda. (DB)

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I. TITLE PAGE

PROJECT TRANS/TEAM INSERVICE TRAINING PROJECT

FINAL REPORT

January, 1990

Handicapped Children's Early Education Program
U. S. Department of Education
Washington, D. C.

Project Number: 024QH70007

Grant Number: G0086630376

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II. ABSTRACT

PROJECT TRANS/TEAM INSERVICE TRAINING

A Handicapped Children's Early Education Project

Corinne W. Garland, Project Director
Deana M. Buck, Project Coordinator

Project Trans/Team was a three-year infant inservice training project designed to provide training and technical assistance to programs that service handicapped, developmentally delayed, or at-risk children from birth to three years of age and their families. **Project Trans/Team's** mission was:

- to provide inservice training to early intervention teams in the transdisciplinary approach to service delivery; and
- to develop materials to support that training.

The project provided training to 20 programs and 282 professionals in six states: Texas, New Hampshire, Virginia, Maryland, New Mexico, and New York. In each state, **Project Trans/Team** worked in coordination with the state lead agency to identify local sites that were interested in receiving training in the transdisciplinary model and related administrative and service issues. This approach was chosen to ensure that training was consistent with emerging state plans for early intervention. Criteria were developed for selection of training sites. Those sites were required to have a team comprised of multiple disciplines and an interest in becoming transdisciplinary or improving their transdisciplinary skills.

Training and technical assistance was based on individualized program development and staff development needs. The **Project Trans/Team Program Profile Needs Assessment** was developed to use in assessing both program and staff needs. Individualized training and technical assistance plans reflecting the results of the needs assessment were developed for each training site.

Project Trans/Team developed and field-tested several training units based on the needs of the early intervention programs it served including **The Transdisciplinary Team Approach to Early Intervention**, the largest and the prototype for other units; **Family Systems; Transition; Interagency Collaboration; Team Building;** and **Case Management**. Units were designed to be used by qualified professionals as part of a staff development program. The units contain a trainer and learner version.

II. ABSTRACT (Cont'd)

Follow-up data shows inservice training by the project resulted in significant plans for program change in 85% of programs trained. Most frequently mentioned areas of program change are: 1) Team Functioning; and 2) Family Focus.

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IV. GOALS AND OBJECTIVES OF THE PROJECT

The project had three major goals. Goals and objectives are detailed in this section.

Goal 1: To provide training and technical assistance in the trans-disciplinary approach to services and in related issues to programs and personnel serving developmentally disabled infants and young children and their families.

Objectives:

1.0 To work with appropriate state agencies to identify priority training sites or statewide training needs.

1.1 To inform key personnel in identified programs about the availability of Project Trans/Team training services.

1.2 To meet with site personnel to discuss training and technical assistance.

1.3 To assess the training needs of identified programs.

1.4 To provide on-site training to sites as specified in technical assistance agreements.

1.5 To conduct additional workshops as requested on a statewide or regional basis.

1.6 To provide at least three follow-up contacts based on assessed needs (of sites).

Goal 2: To disseminate information about Project Trans/Team, its training and technical assistance, services, and its products to a local, state, regional, and national audience.

Objectives:

2.0 To identify target audiences, including new state planners, and to disseminate project information to those identified contacts.

2.1 To inform the early childhood professional community about the project.

2.2 To disseminate Project Trans/Team training units as appropriate.

IV. GOALS AND OBJECTIVES OF THE PROJECT (Cont'd)

Goal 3. To design, develop, and package for dissemination training units in the transdisciplinary approach to services and related early intervention topics.

Objectives:

3.0 To develop training units as needs are identified by project staff and training sites.

3.1 To revise existing CDR training units and package for dissemination.

3.2 To disseminate Project Trans/Team training units as appropriate.

3.3 Field test units with sites and revise as necessary.

3.4 Disseminate training units as requested following field tests.

V. THEORETICAL FRAMEWORK FOR THE PROJECT

No doubt remains about the benefits of a team approach to early intervention, and P.L. 99-457 clearly requires a team approach to assessment and IFSP planning and support for families as part of the team. The transdisciplinary model is particularly useful in responding to those provisions of the law, offering the team methodology which can be used to pool information about child and family needs across discipline and agency boundaries to offer accurate assessments, to integrate service plans, and to avoid wasteful and duplicative efforts (Peterson, 1987). When the team is family-centered, parents have the opportunity to share information about their family's needs, priorities, strengths and resources, to acquire advocacy and decision-making skills, and to influence the appropriateness of services received.

However, "teams are made, not born" **(Fewell and Garwood, 1985, p. 304)** and the team approach, like any sophisticated service delivery system, requires a commitment to training. Highly skilled service providers, each well trained in his own discipline, need additional inservice training to work effectively as part of a team **(Dyer, 1985; Fewell, 1983; Holm & McCartin, 1978; Woodruff and McGonigel, 1988)**.

Teams that are already proficient in teamwork need systems for inservice training for new staff members. This training is especially important because of the high staff turnover typical to early intervention programs **(Palsha, Bailey, Vandiviere, and Munn, in press)**. As we move toward family-centered services, there is an increasing awareness that families also must have options for inservice training to enable them to participate as skilled team members to the level and extent that they choose **(Shelton, Jepson, and Johnson, 1987)**.

Moving toward a family-centered team approach requires most programs to make substantive changes in their service delivery system and in the behavior of staff. The Trans/Team model is based on principles of organizational change that are clearly articulated in the professional literature **(Benne, 1969; Dyer, 1985; Garner, 1988)**. In order for meaningful and institutionalized change to occur, change must be:

- **task-oriented**
- **educational**
- **collaborative**
- **experimental**

The Trans/Team inservice training model incorporates all four principles.

VI. PROJECT DESCRIPTION AND ACTIVITIES

Project Trans/Team activities during the three-year grant period met all goals and all but one of the objectives as stated in the Project Trans/Team progress reports and continuation applications. Project Trans/Team provided inservice training to local sites while working in cooperation with state agencies, and developed training units in response to the needs of those sites. The one objective not met during the grant period was the dissemination of training units. The following discussion details the grant activities from September, 1986 through September, 1989.

Project Trans/Team received training requests from 17 state agencies or local programs, negotiated with 11 states, and provided training in 7 states. Project Trans/Team completed formal needs assessment and provided training for 20 programs in 6 states. Minnesota was the only state where Project Trans/Team provided regional awareness training, but did not work with local sites during the grant period.

The workplan for the development of training units originally included revision of existing materials developed at Child Development Resources. Those units were projected to be 30 pages or less in length. After review of the existing materials, however, particularly in light of P.L. 99-457, it became necessary to develop new materials. The prototype unit would be **The Transdisciplinary Approach to Early Intervention**, a much larger product than anticipated, includes philosophy, practical approaches, and activities for training, and hints to the trainer. The transdisciplinary unit is over 100 pages in length with five chapters or modules. A sample of this unit is found in Appendix A. Five units of similar lengths were in the final stages of production at the completion of the project period.

The following sections include descriptions of activities and accomplishments of Project Trans/Team.

A. Project Work with State Agencies: Identification of Local Sites

The Project Trans/Team Coordinator met with the state planning grant coordinators or lead agency representatives to plan and review training and technical assistance for local sites. Contacts with state personnel occurred throughout the project period. All training provided by the project was conducted in coordination with state Part H efforts. In Texas, local sites were identified by the lead agency. In other states, requests for local training were reviewed with the lead agency to determine appropriateness of training and the state's ability to support travel expenses. As a part of of follow-up, the results of training with local sites was discussed with the state agency representative and additional training needs were identified with their assistance. Other needs of the state were sometimes identified and met by the project.

B. Identification and Implementation of Project Services for Local Sites

Project Trans/Team staff disseminated information to local sites and state personnel requesting training and technical assistance. A copy of the Project Trans/Team brochure, abstract, and a description of the site selection process are found in **Appendix B**.

Site development activities were coordinated with the state agency responsible for provision of services to the birth through two population and their families in each of the six states. During the grant period, 41 sites requested training. Extensive contacts were made with programs to determine current level of service delivery and staff resources. Because of distance, some site contacts were conducted in person and others by telephone. (Documentation of site contacts is included in each site's permanent file.) Several sites were referred to other resources due, in part, to a reduced travel budget in Year One.

Project Trans/Team staff developed criteria for site selection based on the CDR agency technical assistance model. Programs participating as training sites were required to be using a trans-disciplinary model of services or interested in using the approach, to include the family as a full member of the early intervention team, to have administrative commitment for staff time and space for training, and to pay project travel costs for training.

In Year One, project staff developed a needs assessment instrument which was used with all sites to identify their current level of functioning and needs for inservice training. A copy of the instrument is included in **Appendix C.** After completing the needs assessment, a follow-up telephone contact was made to review the results and to plan a tentative training schedule. Through the needs assessment process, demographic information was compiled for each site on the Project Trans/Team Site Profile and maintained in an individual site file. Sites whose needs were not appropriate for Project Trans/Team services were referred to other resources.

Technical assistance (TA) agreements were negotiated for all sites receiving training. The TA agreement identified the focus and content of the training as well as the development of a structure for identification of future training needs.

C. Provision of Training and Technical Assistance

Training was provided to 20 sites in 6 states during the three-year grant period. **Table 1** lists states, local sites, dates of initial training and follow-up, and the number of person days trained.

One member of the project staff was assigned as the site coordinator for each local site. The site coordinator, with the assistance of other project staff, developed a tentative plan and workshop agenda for training based on the individual needs of each site. A sample training agenda is provided in **Appendix D.** A participant's manual was developed according to the negotiated agenda. A sample of one section from training, "Role Release," is provided in **Appendix E.**

Evaluation data was gathered at the close of training using the Project Trans/Team On-Site Evaluation. Results were shared with program administrators and/or with state contact persons. Each local site also received the Project Trans/Team Follow-Up Questionnaire six months post training. The findings from these evaluation instruments are discussed in **Section VIII** of this report.

TABLE 1

PROJECT TRANS/TEAM TRAINING AND FOLLOW-UP WITH LOCAL SITES

STATE/PROGRAM	DATE(S) OF TRAINING	PERSONS TRAINED
TEXAS:		
Central Texas MH/MR Center Center, Brownwood	July 20,21,23, 1987 March 1-2, 1988	7 7
ECI PRIDE, San Angelo	July 20-21-23, 1987 March 1-2, 1988	4 5
Permian Basin/Odessa Community Centers/Early Intervention Program	August 3-5, 1987 March 3-4, 1988	7 7
Dallas County Parent-Infant Training Center, Dallas	September 28-29, 1987 February 29, 1988	15 7
Klaras Children's Center Heart of TX Region MH/MR Center, Waco	June 27-28, 1988 February 2-3, 1989	23 19
Project SEARCH, Silsbee	August 25-26, 1988	9
Project CERTAIN ECI Program, Port Arthur	August 29-30, 1988 June 29-30, 1989	7 8
Pediatric Intervention Program, Easter Seal Society of the Rio Grande Valley, McAllen	January 30-31, 1989 February 1, 1989	5
P.R.I.D.E. Program, Travis State School, Austin	June 5,6,7, 1989	20
Denton State School, Denton	June 26,27,28, 1989	22
NEW YORK:		
Schneider Children's Hosp. EI Services, New Hyde Park	October 26-28, 1988	25

STATE/PROGRAM	DATE(S) OF TRAINING	PERSONS TRAINED
VIRGINIA:		
Arlington PIE Program	April 14-15, 1987	5
Project Daniel, Lynchburg	January 20-21, 1988 TA Visit: May 3, 1989	8
NEW MEXICO:		
Alta Mira Specialized Family Services, Inc., Albuquerque	Deember 7-9, 1987	12
NEW HAMPSHIRE:		
Children Unlimited, Conway	May 28-29, 1987 March 29-30, 1988	5
Northern NH MH Center Littleton	May 28-29, 1987 March 28-30, 1988	4 4
Wolfeboro Area Children's Center	May 28-29, 1987 March 28-30, 1988	4 4
MARYLAND:		
Child & Family Support Program, The Kennedy Institute, Baltimore	June 8-9, 1988	10
Gywnn Center, Charles Co. Public Schools, La Plata	May 30-31, 1989 June 1, 1989	10
Dept. for Family-Centered Planning, The Kennedy Institute	June 10, 1988	6

VI. PROJECT DESCRIPTION AND ACTIVITIES (Cont'd)

Project site coordinators were responsible for technical assistance activities with each local site. Based on identified needs at the end of training, the site coordinator developed a plan for meeting continuing technical assistance needs. No site received fewer than three follow-up contacts.

D. Dissemination of Information About the Project to States

The Project Coordinator identified and met with state planners from nine states as reported under Goal 1. Lead agency staff served as the primary point of coordination, identifying for the project other state agencies and individuals with whom coordination was necessary. Changes in contact persons in several states changed and necessitated the development of additional working relationships in those states. Project information was disseminated to all state agency personnel and state planners were updated on local site training progress.

E. Dissemination to the Professional Community

Information about Project Trans/Team activities and materials was disseminated through several mechanisms including CDR's newsletter, journal articles, and presentations at national and state conferences and meetings. Articles about Project Trans/Team were included in CDR's newsletter, Open Lines, and disseminated to early intervention and related organizations and professionals. Open Lines was produced six times during the three-year grant period. Open Lines featured an article on Project Trans/Team funding and activities.

Project staff submitted articles to journals for publication including INTERACTions and Physical and Occupational Therapy in Pediatrics Journal. The Project Coordinator also authored an INTERACT Monograph, Planning Services for Infants II. Copies of the monograph have been disseminated. The Project Director and the Year One Coordinator each co-authored chapters included in a DEC/CEC book dealing with early intervention services. The Project Director co-authored an article for a new interdisciplinary journal addressing the topic of transdisciplinary programming in a team context.

On a national level, presentations by staff on transdisciplinary issues, including IFSP and case management, were made at the national DEC Conference in Nashville and the Project Director's Meeting in Washington, D. C. The project was featured "In the Spotlight" in the September/October DEC Communicator. Numerous presentations at national, state, and local conferences have been made during this grant period. An "Interagency Approach to Early Intervention" was the workshop presented at the 1989 DEC Conference in Minnesota.

VI. PROJECT DESCRIPTION AND ACTIVITIES (Cont'd)

F. Dissemination of Training Units

Copies of all training materials were provided to state planners and to participants in training sites. During the local site training, copies of the training materials were also provided. These materials have been provided throughout the project period. Information about the training units is shared with sites and ordering information will be disseminated to them following final field-testing of the materials.

Dissemination of information about the training units has not been completed as the units are not yet complete. Training units will be disseminated to field test sites receiving training as well as state planners.

G. Development and Packaging of Training Units

Originally, CDR staff planned to package existing CDR training materials for dissemination as part of the Project Trans/Team workscope. Careful examination of the units revealed that information was dated and that major revisions were necessary in all of the materials. This was particularly evident in the advent of P.L. 99-457. Project Trans/Team staff determined which training units needed revision and developed a schedule for development and production.

Project Trans/Team staff identified a process for development of the training units as well as a structure for presentation of the material. Each unit included a trainer and participant version, described a philosophical approach, gave practical information, and contained participant activities for use during training. The prototype unit, The Transdisciplinary Approach to Early Intervention, was completed and pilot-tested during trainings through the grant period. Each unit required revisions when the regulations were published thus delaying final revisions and field review beyond the project period.

VII. METHODOLOGICAL PROBLEMS

A. Changes in Plan

The only changes in the plan made by Project Trans/Team during the grant period were in the materials development component of the project as described in the preceding section. Reduction in the proposed staffing pattern from a full-time media specialist to a part-time specialist (25%) affected the production schedule. As discussed earlier, project material development plans were also revised based on training needs identified during the project and the need to make material revisions following the publication of the final regulations for P.L. 99-457.

B. Staff Changes

The staffing pattern for Project Trans/Team changed during the grant period both in number and membership due to budget cuts and replacement of the coordinator after one year. As detailed in Project Trans/Team's original proposal, the project was fortunate to have many skilled and experienced training and technical assistance specialists who added immeasurably to the effectiveness of Project Trans/Team.

VIII. EVALUATION

Evaluation of project activities was an integral part of the Project Trans/Team workscope. Evaluation activities were structured toward documenting progress for each project goal and for determining directions for needed changes in the project workplan and resulting inservice trainings. On-site training evaluations, follow-up questionnaires, and material review were primary sources of evaluation data. An evaluation consultant was obtained to assist the project during the grand period. The consultant refined the project's system of obtaining meaningful evaluation data from training sites and demonstrating the impact of inservice training. The evaluation results in this report are written in a question-and-answer format that responds to the workplan.

Question 1: How many programs participated in Project Trans/Team training and completed on-site evaluations of inservice training?

At the end of Year Three, 282 training participants from 20 early intervention programs completed the "Project Trans/Team On-Site Training Evaluation" immediately following inservice Training. Evaluation data was available from 269 participants (see Tables 2 and 3). Data from two programs with 12 participants in Year One was not available.

TABLE 2

PROJECT TRANS/TEAM TRAINING PARTICIPANTS

Participants	Year One	Year Two	Year Three	Total
Persons	23	137	109	269
Programs	7	16	7	20

Question 2: ***How satisfied were participants immediately following inservice training?***

The on-site evaluation elicited feedback concerning the need for revision in inservice methods or materials. Participants were asked to rate inservice training on a 4-point scale on which "1 indicates "need for change" and "4" indicates "no change needed." Four areas of inservice were addressed: organization, manner in which inservice was conducted, content, and usefulness of materials. The mean responses of programs for four areas of inservice training methods and materials are summarized in Table 3. The means for each program's responses ranged from 3.76 to 3.81. The overall mean rating on questions regarding the quality of training was 3.77. An additional open-ended questions provided opportunity for suggested change in training approach or materials.

TABLE 3

NEED FOR CHANGE IN TRAINING METHODS/MATERIALS

Area of Change	Range of Means	Mean
Organization	3.40 - 4.00	3.81
Conduction of Training	3.32 - 4.00	3.76
Content	3.04 - 4.00	3.77
Usefulness of Materials	3.28 - 4:00	3.77

Note: Means based on Likert scale ("1" = change needed to "4" = no change needed.

VIII. EVALUATION (Cont'd)

Question 3: To what extent will Project Trans/Team's inservice change participants' behavior?

The question that produced the most interesting and possibly most valuable data asked, "To what extent is this inservice likely to change your behavior?" **Table 4** gives the range of means for programs and mean score for all programs for the extent to which participants predict a change in behavior as a result of the inservice. Ninety-three percent (93%) of the participants rated the likelihood of behavior change with a mean of 3.34 or higher (on a scale of 1 to 4).

TABLE 4

LIKELIHOOD OF BEHAVIOR CHANGE FOR PROGRAMS (N = 30)

Range of Means for Programs	Mean
2.62 - 4.00	3.34

Note: **Means based on a Likert scale ("1" = change needed to "4" = no change needed.**

The on-site evaluation contained one question that asked inservice participants, "If this inservice is likely to change your behavior, please give one or more examples of such change." The examples were compiled and grouped into ten categories and listed in order of the most to the least frequently named changes **(see Table 5)**. The most frequent examples named were changes in team function named by 83 participants and greater family focus to early intervention named by 63 participants.

TABLE 5

CATEGORIES OF BEHAVIOR CHANGE
(Rank-Ordered from most to least frequently named)
N = 276

Team Functioning Changes in operating procedures to encourage team work.
Family Focus Changes in attitude, process, or procedures reflecting the family's role as a full member of the team and as primary decision maker.
Individualized Family Service Plan (IFSP) Initiation or change in process/procedures for developing the IFSP, e.g., inclusion of family goals in current plan addressing child development.
Child Assessment Changes in process/procedures for conducting child assessments, e.g., use of arena assessment, changes in role of staff or families during assessment.
Administration and Management Changes in program policies and procedures, e.g., time available for team meetings.
Transdisciplinary Practices Practices that may include rotation of staff duties and using one staff member as facilitator or primary service provider.
Assessment of Family Needs Changes in process/procedures for assessing family needs, e.g., developing goals in conjunction with the family and use of new instruments for assessing family needs.
Interagency Coordination Changes in establishing and maintaining working relationships with other agencies, e.g., defining or clarifying roles of other agencies.
Case Management Primary service provision in the transdisciplinary approach to team and case management skills and responsibilities according to P.L. 99-457.
Other These include procedures for case management; procedures for evaluating program effectiveness; changes in the way in which the team functions including changes in role, processes for interaction with others, use of role release, and general changes in use of the transdisciplinary approach; and others such as "will read and practice more."

Question 4: Do programs and participants perceive a change in behavior six months after training?

The following data was collected from Years One and Two. Year Three data is not yet complete.

Follow-Up Training Evaluation Results

In addition to the strong on-site evaluation data that indicated a high likelihood of behavior and program change, evaluation of actual change was felt to be important to the project. For this purpose, programs that participated in the training were asked to complete the "Project Trans/Team Follow-Up Questionnaire" at the beginning of Year Three of the project. Preliminary data from 11 programs that participated in the project have been analyzed and give further support of the model's efficacy in bringing about long-term change with programs.

Ninety-one percent (91%) of these programs indicated that their program's training and technical assistance needs had been reduced as a result of Project Trans/Team's assistance. Significant changes in knowledge and skills were also identified by these programs. **Table 6** indicates the percentages of programs reporting significant changes in knowledge and skills as a result of training in that area from Project Trans/Team.

TABLE 6

PERCENTAGES OF PROGRAMS REPORTING SIGNIFICANT CHANGES AS A RESULT OF PROJECT TRANS/TEAM TRAINING

Category	Percentage
Recognizing staff and families as a team	100%
Developing format, structure, and procedures for IFSP	100%
Establishing and facilitating interagency working arrangements and team building strategies	100%
Using a team approach to IFSP development	83%
Ensuring family participation in child assessment	75%
Using a team approach for child assessment	75%
Defining family role in IFSP development	75%
Identifying family strengths and needs	75%
Developing a system for case management	75%
Developing program philosophy/goals	75%

VIII. EVALUATION (Cont'd)

Programs were also asked to describe changes that had taken place in their program procedures as a result of Project Trans/Team's training and technical assistance. Eighty-two percent (82%) of the programs indicated that actual changes in their program procedures had occurred. Changes in assessment format were most frequently cited, however, changes in screening and intake procedures, mechanisms for reporting information to families, inservice training by staff, employment interview processed, and procedures for identifying family needs, strengths, and resources were also reported. Changes in staff activities were also reported by a number of programs. The following responses exemplify the kinds of attitudinal changes reported by programs:

> "Staff seems to see the need for movement towards this end (transdisciplinary approach). They are open to change and growth and are willing to allow parents to participate. They see the benefit of a transdisciplinary approach."

> "Reduction in 'territoriality' of discipline . . . increase in willingness to engage and participate in cross-training . . ."

Evaluation Summary Statement

Responses to open-ended questions on the on-site evaluation, together with subsequent interviews with field test participants, also indicate that long-term and meaningful change is taking place in programs as a result of the inservice training they have received. Evaluation activities during the first two years of the project provide clear evidence as to the quality of the model of inservice training and the materials used, and also of the likelihood that training will bring about meaningful program and behavioral change.

PROJECT TRANS/TEAM TRAINING AND TECHNICAL ASSISTANCE EVALUATION SUMMARY

A. General Information

	Year 1	Year 2	Years 1&2	Year 3	Total
1. Number of Programs/ Sites Participating in Field-Testing	7	16*	23*	7**	30***
2. Number of Participants Involved in Field-Testing of Model	36	137	172	109	282

* - Includes 7 sites for which this was a second training.
** - Includes 2 sites for which this was a second training.
***- Includes 9 sites for which this was a second training.

3. Number Used for Data Analysis*:
SITES - 27
PARTICIPANTS - 269

* - Includes Year 1, Year 2, and Year 3 sites and participants. Data from 3 sites/13 participants is missing from Year 1.

VIII. EVALUATION (Cont'd)

B. Responses to Question 3: Likelihood of Behavior Change

1. Percentage of participants rating question 3 with each possible numerical rating **(see Year 1-3 Summary in Appendix F).**

2. Mean and range of means for question 3:

Mean: 3.24
Range of Means: 2.62 to 2.82

C. Responses to Question 4: Examples of Behavior Change

	Year 1	Year 2	Year 3	Years 1-3
1. Number of Participants Providing Examples of Possible Behavior Change	70%	67%	76%	71%

2. Analysis by Program: Summary of Years 1-3:
(For this analysis, data from sites which received two trainings was combined.)

Percentage of Programs Reporting Probable Behavior Changes in Each Identified Area (rank-ordered):

Family Focus	- 95%
Team Functioning	- 71%
Administration/Management	- 63%
Child Assessment	- 58%
IFSP	- 53%
TD/General Principles	- 53%
Other	- 47%
Family Needs Assessment	- 42%
Service Implementation	- 11%
Interagency	- 5%

IX. PROJECT IMPACT

For the 282 persons trained, this inservice project had significant impact, bringing about program and behavior change. This will indirectly affect the quality of services for more than 800 children and families. Project materials will affect a wider audience.

In addition, a videotape on the transdisciplinary process was produced by the Old Dominion University Center for Instructional Television as an unintended spin-off without use of grant funds. It has been viewed and evaluated by professionals in the field and has been received very favorably. We have received numerous requests for the video from institutions of higher education.

The most significant affect is on the field in the form of evidence of the efficacy of sound training models in bringing about meaningful and long-term change.

APPENDIX A

SAMPLE PAGES OF TRAINING UNIT:

THE TRANSDISCIPLINARY APPROACH TO EARLY INTERVENTION

THE TRANSDISCIPLINARY TEAM MODEL

There are many definitions of transdisciplinary. Project Trans/Team developed the following definition, which is based on the classic work of the National Collaborative Infant Project and the experiences of the Child Development Resources Infant-Parent Program.

Definition of the Transdisciplinary Team

The early intervention transdisciplinary (TD) team consists of the family and professionals from various disciplines. The transdisciplinary team engages in role extension, role enrichment, role expansion, role exchange, and role release to share information and skills across disciplinary boundaries in assessment, program planning and implementation, and evaluation of progress. The transdisciplinary team authorizes one person to have primary responsibility for carrying out, with the family, the integrated program developed by the team, with role support from other team members.

TRANSDISCIPLINARY PRINCIPLES

The transdisciplinary approach to early intervention is based on certain beliefs about children and families. One such belief is that the young child is a whole being, not a collection of separate parts. Child development, therefore, is an integrated and interactive process. The complexity of developmental problems in early life and the interrelated nature of infant development dictate that the service needs of young children are best met when professionals from a variety of disciplines cooperatively plan and deliver integrated services.

Another belief critical to the transdisciplinary approach is that families have the greatest influence on their children's development. Therefore, children must be served within the context of their families. Transdisciplinary programs have interpreted this belief in many ways, but all TD programs consider the family as a full, decision-making member of the team.

Many transdisciplinary teams view the child as part of a family system--a system with its own structure, roles, and values. The family system is itself part of a larger system of kin and social support, which in turn is part of a larger ecology that includes formal institutions, government, and so forth.

This systems perspective can be helpful to TD programs that are trying to translate their beliefs about families into practical policies and procedures. The work of Dunst, Trivette, and Deal (1988) and the work of the Turnbulls (1986) are good sources of information about the application of systems theory to early intervention.

A final belief critical to the transdisciplinary approach is that professionals from diverse disciplines must have a process for team interaction that allows them to make the best use of staff time and of the skills and expertise of individual team members. TD teams structure team interaction in ways that allow, encourage, even require team members to transcend the confines of their own disciplines, to teach and learn across disciplines.

This crossing of disciplinary boundaries is made possible by a process of formal and informal exchange called "role release" (United Cerebral Palsy National Collaborative Infant Project, 1976). The role release process allows TD teams to exchange information, knowledge, and skills across disciplines so that one person, together with the family, accepts primary responsibility for carrying out the plans and recommendations of the entire team.

Role release is so critical to effective transdisciplinary team functioning that many practitioners feel that a team cannot be truly transdisciplinary until members become proficient in role release skills. Role release is discussed at length and practice activities are provided in another section of your training materials.

YOUR NOTES:

NOTES ON
TRANSDISCIPLINARY PRINCIPLES

- The young child is a whole being, not a collection of separate developmental domains.

- The complex, multifaceted developmental problems of young children with special needs require that professionals from a variety of disciplines work cooperatively to provide integrated services.

- The unique psychological, physical, and emotional dependence of very young children on their families requires that young children with special needs be served within the context of their families.

- The family is a decision-making member of the transdisciplinary team. One decision they will make is the level of team involvement and activity they desire.

APPENDIX B

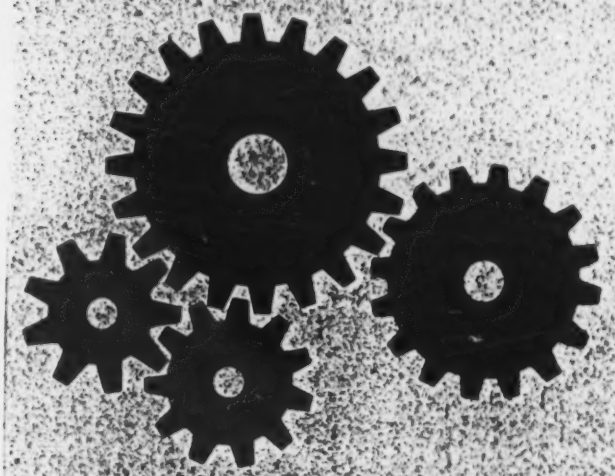
PROJECT TRANS/TEAM BROCHURE

PROJECT TRANS/TEAM ABSTRACT

SITE SELECTION PROCESS

PROJECT TRANS/TEAM

Providing Infant
Inservice Training for
Transdisciplinary Teams



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Project Trans/Team....

is an infant inservice training project. Trans/Team provides transdisciplinary training and technical assistance to programs serving infants and toddlers with special needs and their families.

Who Can Receive Training?

The project works with state agencies which have early intervention planning responsibilities to identify local programs as potential training sites.

Programs also may contact the project directly and may be accepted as training sites in consultation with state planners.

What Services Does Project Trans/Team Provide?

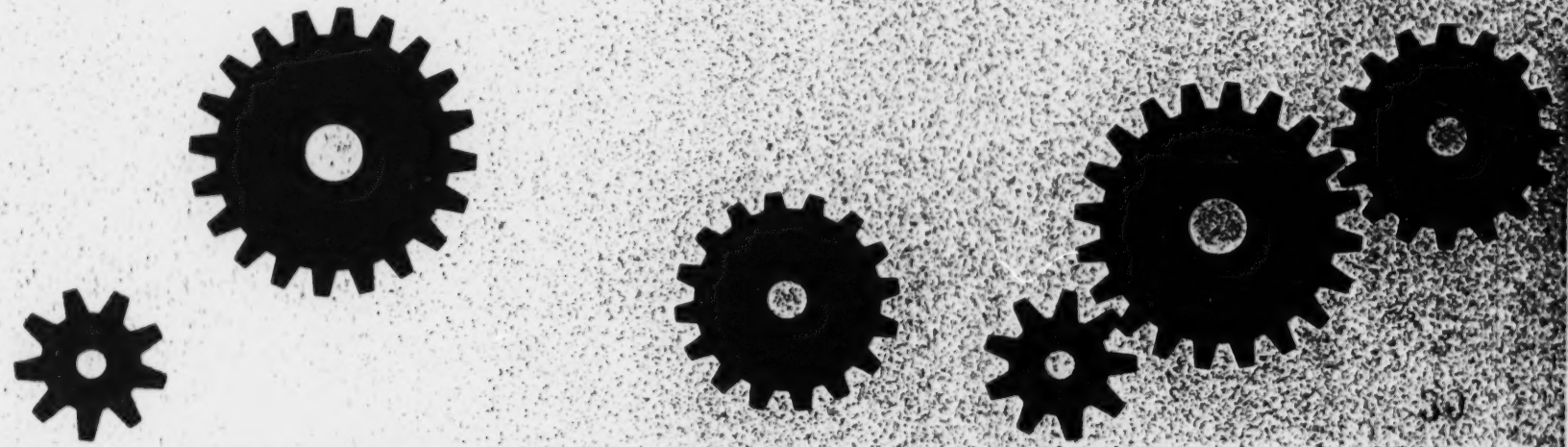
- Needs Assessment
- Individualized Training & Technical Assistance Plans
- Training & Technical Assistance in the Transdisciplinary Team Approach to Early Intervention Services
- Training Materials on the Transdisciplinary Process and Related Topics
- State and Regional Workshops and Consultations
- Resources and Referrals

How Does The Project Define Transdisciplinary Teams?

The transdisciplinary team is made up of the family and of early intervention professionals from a variety of disciplines. The transdisciplinary team engages in role expansion, role exchange, and role release to share information and skills across disciplinary boundaries in assessment, program planning and implementation, and evaluation of progress. The transdisciplinary team authorizes one person, together with the family, to have primary responsibility for carrying out the integrated program developed by the team with role support from other team members.

There is no charge for training from Project Trans/Team. Sites are required, however, to pay project travel expenses.

The project is funded by the United States Department of Education, Office of Special Education Programs.



Support for this project is provided by Grant #G008630376 from the Handicapped Children's Early Education Program, U.S. Department of Education. Points of view or opinions do not, however, necessarily represent official views or opinions of the Department of Education.

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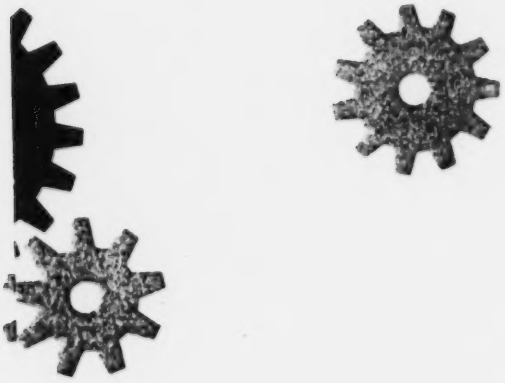
Project Trans/Team is a program of Williamsburg Area Child Development Resources, Inc. (CDR), a private, non-profit agency providing services for young children with special needs and their families and training and technical assistance for the professionals who serve them.

For more information about Project Trans/Team, contact:

Project Trans/Team
Child Development Resources
P.O. Box 299
Lightfoot, Virginia 23090

(804) 565-0203



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PROJECT TRANS/TEAM
Child Development Resources
P.O. Box 299
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CHILD DEVELOPMENT RESOURCES
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LIGHTFOOT, VIRGINIA 23090-0299
(804) 565-0303

PROJECT TRANS/TEAM ABSTRACT

Project Trans/Team is a three year infant inservice training project funded by the U.S. Department of Education, Office of Special Education Programs. It is one of 18 such projects designed to provide inservice training and technical assistance to programs that serve handicapped, developmentally delayed, or at-risk children from birth to three and their families.

Project Trans/Team's mission is to provide inservice training to early intervention teams in the transdisciplinary approach to service delivery, and to develop materials to support that training. In order to receive training and technical assistance, the early intervention program must have a team comprised of multiple disciplines and an interest in becoming transdisciplinary or in improving their transdisciplinary skills. Commitment to a team approach and collaborative work with families is essential to successful implementation of the transdisciplinary approach.

Project Trans/Team works in coordination with lead agencies in states to identify local sites that are interested in receiving training and technical assistance in the model and related administrative and service issues. The project has worked with state agencies and local sites in Texas, New Hampshire, Virginia, New Mexico, Maryland, and New York.

All of Project Trans/Team's training and technical assistance is based on individualized program development and staff development needs. The Project Trans/Team Program Profile Needs Assessment is used to assess both program and staff needs. Individualized training and technical assistance plans reflecting the results of the needs assessment are developed for each program. Individualized training sessions may emphasize, for example, the transdisciplinary processes of child assessment, collaborative program development, or intervention. Related inservice needs may also be addressed. Programs frequently request inservice training in P.L. 99-457, specifically IFSP and case management, transition, interagency collaboration, and team building. Training is provided free of consultation charges. Sites are required, however, to pay project travel costs and materials.

Project Trans/Team is developing and field testing training units which will comprise a training curriculum in the transdisciplinary process. The Transdisciplinary Unit includes information about varied team models, role release, consensus decision-making, and transdisciplinary principles. Other training units currently in development address related topics including the individualized family service plan (IFSP), case management, team building, gross motor development, and family systems theory. The units are designed to be used by qualified personnel as a way of providing staff development to early intervention professionals. The units, each containing a trainer and learner version, will be available for dissemination in September, 1989.

PROJECT TRANS/TEAM SITE SELECTION PROCESS

After the project has received a request for training and technical assistance, the following process begins:

I. THE STATE LEAD AGENCY IS IDENTIFIED

II. A COLLABORATIVE STATE PLAN FOR PROJECT TRANS/TEAM TRAINING AND TECHNICAL ASSISTANCE IS DEVELOPED

III. LOCAL SITES ARE IDENTFIED IN COORDINATION WITH THE STATE LEAD AGENCY

IV. LOCAL SITES ARE CONTACTED

V. LOCAL SITES AGREE TO CRITERIA FOR T&TA:
- Staff available for training
- Space for the training
- Reimburse project travel costs

VI. THE NEEDS ASSESSMENT PROCESS:
- Needs Assessment Profile
- Telephone or personal interview

VII. PROJECT TRANS/TEAM AND THE SITE COLLABORATIVELY DEVELOP A TRAINING AND TECHNICAL ASSISTANCE AGREEMENT

APPENDIX C

NEEDS ASSESSMENT INSTRUMENT

PROJECT TRANS/TEAM SITE PROFILE AND NEEDS ASSESSMENT INSTRUMENT

Project Trans/Team may be able to help your program use a transdisciplinary approach to provide services to infants and toddlers with special needs and their families. Although our technical assistance services are highly individualized, we have discovered a number of common areas in which many programs have needs. This needs assessment instrument contains a series of questions to help you consider your program needs in these areas. We also would like to know if your program has other needs in areas not addressed by this questionnaire.

Before completing this needs assessment instrument, please review the entire instrument to become familiar with our general areas of interest.

Please help us understand your needs by completing the following steps:

Step One: Answer the eight questions on the following page.

Step Two: For each question that you answer "yes" to in Step One, please go to the subsequent pages indicated by that question and answer the questions on those pages.

After completing this instrument, return it to Project Trans/Team. Project staff will review your answers and will make an appointment to talk with you about your expressed needs. Project Trans/Team will work with you to develop a list of possible technical assistance and training services for your program. If you and Project Trans/Team decide that our services match your needs, we will develop a Technical Assistance Agreement which details our plans to work with you to meet your expressed needs.

Step One: Please answer the following eight questions:

A. Does your program need help with administration and management? Yes ____ No ____

- If yes, please answer the questions on page 3 of this instrument.

B. Does your program have needs in coordinating program services with services provided by other agencies and programs? Yes ____ No ____

- If yes, please answer the questions on page 4 of this instrument.

C. Does your program have needs in identifying and assessing children? Yes ____ No ____

- If yes, please answer the questions on pages 5 - 6 of this instrument.

D. Does your program need help developing Individualized Family Service plans? Yes ____ No ____

- If yes, please answer the questions on page 7 of this instrument.

E. Does your program have needs in providing services to children? Yes ____ No ____

- If yes, please answer the questions on pages 8 - 9 of this instrument.

F. Does your program have needs in working with families? Yes ____ No ____

- If yes, please answer the questions on page 10 of this instrument.

G. Do you consider your program to have needs in program evaluation? Yes ____ No ____

- If yes, please answer the questions on page 11 of this instrument.

H. Does your program have needs in areas other than those listed above? Yes ____ No ____

- If yes, please answer the question on page 12 of this instrument.

Step Two: B. COORDINATION WITH OTHER AGENCIES

o Please answer the following questions:

1. Does your program need assistance identifying other agencies whose services are related to your services? Yes ____ No ____ Somewhat ___

2. Does your program need help establishing and maintaining working relationships with other agencies? Yes ____ No ____ Somewhat ___

3. Has your program established formal collaborative relationships with other agencies? Yes ____ No ____ Somewhat ___

4. Does your program have experience working informally with other agencies? Yes ____ No ____ Somewhat ___

5. Does your program need help facilitating information exchange between agencies? Yes ____ No ____ Somewhat ___

6. Does your program need help defining or clarifying the roles of persons from other agencies with whom you may be participating on a interagency team? Yes ____ No ____ Somewhat ___

7. Does your program have a successful system for resolving conflicts with team members from other agencies? Yes ____ No ____ Somewhat ___

8. Does your program have a written system for the transition of children and families from your program to another program or agency? Yes ____ No ____ Somewhat ___

9. Does your program have other pressing needs related to coordination with other agencies? Yes ____ No ____ Somewhat ___

   o If so, please describe those needs:

Step Two: A. ADMINISTRATION AND MANAGEMENT

o Please answer the following questions:

1. Does your program have a written philosophy statement? Yes ____ No ____ Somewhat ___

2. Does your program have written policies and procedures? Yes ____ No ____ Somewhat ___

3. Does your program need help developing written program guidelines? Yes ____ No ____ Somewhat ___

   o If so, briefly describe the guidelines that must be developed (if known):

4. Does your program have long range goals or a plan for the future? Yes ____ No ____ Somewhat ___

5. Does your program have needs with regard to supervision of staff within a team-centered focus? Yes ____ No ____ Somewhat ___

6. Does your program need help using staff meetings to promote communication and team building? Yes ____ No ____ Somewhat ___

7. Does your program have a successful system to ensure active participation of families as equal team members? Yes ____ No ____ Somewhat ___

8. Does your program have policies and procedures which encourage creative use of service options for families? Yes ____ No ____ Somewhat ___

9. Does your program need help obtaining funds through development of grant proposals? Yes ____ No ____ Somewhat ___

10. Does your program have other pressing needs related to administration and management? Yes ____ No ____ Somewhat ___

    o If so, please describe those needs:

Step Two: C. IDENTIFYING AND ASSESSING CHILDREN

o Please answer the following questions:

1. Does your program need help communicating the availability of your services to families? Yes ____ No ____ Somewhat ___

2. Does your program need help obtaining referrals from other agencies or from any other source? Yes ____ No ____ Somewhat ___

3. Does your program have an adequate system for screening children and families to determine their eligibility? Yes ____ No ____ Somewhat ___

4. Does your program need help developing an assessment process? Yes ____ No ____ Somewhat ___

5. What disciplines are represented in your assessment process, i.e. speech therapists, occupational therapists, psychologists? Please list:

6. Does your program use a team approach in your assessment process? Yes ____ No ____ Somewhat ___

   o If so, how would you describe the mode of assessment team functioning: ___ multidisciplinary,
   ___ interdisciplinary, or
   ___ transdisciplinary?

7. Does your program need help building and strengthening your assessment process? Yes ____ No ____ Somewhat ___

8. Please describe the actual role than families typically have in your assessment process:

C. IDENTIFYING AND ASSESSING CHILDREN (Continued)

9. Does your program need help empowering parents to be active members of your assessment team? Yes ____ No ____ Somewhat ___

10. Does your program need help choosing appropriate assessment instruments? Yes ____ No ____ Somewhat ___

11. Does your program need help using assessment instruments? Yes ____ No ____ Somewhat ___

12. Does your program need help assessing specific areas of a child's developmental status? Yes ____ No ____ Somewhat ___

    o If so, please specify:

13. Does your program need help interpreting assessment results to form a written report? Yes ____ No ____ Somewhat ___

14. Does your program need help sharing assessment information with staff and family team members? Yes ____ No ____ Somewhat ___

15. Does your program have other pressing needs with regard to identifying and assessing children? Yes ____ No ____ Somewhat ___

    o If so, please describe those needs:

Step Two: E. PROVIDING SERVICES TO CHILDREN

o Please answer the following questions:

1. Does your program have a case management system? Yes ____ No ____ Somewhat ___

   o If so, please answer the following questions:

   Describe the system you use to match case managers to families.

   Would your casemanagers like assistance in methods for:

   ... communicating effectively with other team members? Yes ____ No ____ Somewhat ___

   ... communicating effectively with parents? Yes ____ No ____ Somewhat ___

   ... communicating with other agencies serving "shared" families? Yes ____ No ____ Somewhat ___

   ... facilitating team functioning so that all team members, including the parent, are able to assist in implementing the IFSP and in providing other services to children and families? Yes ____ No ____ Somewhat ___

   ... implementing the IFSP's as they relate to services which need to be, or are being, provided by other agencies? Yes ____ No ____ Somewhat ___

2. Does your program need help selecting or using available curriculum materials? Yes ____ No ____ Somewhat ___

E. PROVIDING SERVICES TO CHILDREN (Continued)

3. Does your program have needs carrying out IFSP goals and activities in specific content areas, such as motor, cognitive, language, etc.? Yes ____ No ____ Somewhat ___

   o If so, please indicate which are areas of need:

4. Does your program have needs with regard to collection and use of data to monitor child progress? Yes ____ No ____ Somewhat ___

   o If so, what instruments do you currently use to monitor such progress?

5. Does your program have other pressing needs related to services to children? Yes ____ No ____ Somewhat ___

   o If so, please describe those needs:

Step Two: F. PROVIDING SERVICES TO FAMILIES:

- Please answer the following questions:

1. Does your program need help arriving at a consensus on its philosophy about providing services to families? Yes ____ No ____ Somewhat ___
2. Does your program view families as equal members of the intervention team as well as recipients of services Yes ____ No ____ Somewhat ___
3. Does your program need help assessing the needs of parents and other family members? Yes ____ No ____ Somewhat ___
4. Does your program need assistance engaging parents and/or other family members in the program? Yes ____ No ____ Somewhat ___
5. Does your program need help empowering parents to be equal members of the intervention team? Yes ____ No ____ Somewhat ___
6. Does your program need help selecting or using available curriculum materials for families? Yes ____ No ____ Somewhat ___
7. Does your program need help assessing the progress of parents and/or other family members? Yes ____ No ____ Somewhat ___
8. Does your program have other pressing needs related to services to families? Yes ____ No ____ Somewhat ___

   - If so, please describe those needs:

Step Two: G. EVALUATING THE EFFECTIVENESS OF INTERVENTION

o Please answer the following questions:

1. Does your program currently conduct program evaluations? Yes ___ No ___ Somewhat ___

2. Does your program need help stating its goals and objectives in a measurable fashion? Yes ___ No ___ Somewhat ___

3. Does your program need help developing a written evaluation plan? Yes ___ No ___ Somewhat ___

4. Does your program need help choosing appropriate measures for your evaluation efforts? Yes ___ No ___ Somewhat ___

5. Does your program need help choosing the most appropriate designs and/or analyses for your evaluation efforts? Yes ___ No ___ Somewhat ___

6. Does your program need help identifying resources (i.e. money, persons, time) to use in planning or conducting your evaluation activities? Yes ___ No ___ Somewhat ___

7. Does your program have a need to disseminate your evaluation findings? Yes ___ No ___ Somewhat ___

   o If so, does your program need help developing an effective plan for this dissemination? Yes ___ No ___

8. Does your program have other needs in evaluating the effectiveness of intervention? Yes ___ No ___ Somewhat ___

   o If so, please specify those needs:

Step Two: H. WORKING AS A TEAM

- Please answer the following questions:

1. Do members of your program staff view themselves as a team? Yes ____ No ____ Somewhat ___

2. Is there administrative support for teamwork in your program? Yes ____ No ____ Somewhat ___

3. Does your program periodically evaluate team functioning? Yes ____ No ____ Somewhat ___

   - If so, please describe your reasons and process.

4. Does your program have identified team leaders? Yes ____ No ____ Somewhat ___

   - If so, who and for what teams?

5. Do mini-teams exist within your program's larger teams? Yes ____ No ____ Somewhat ___

   - If so, please describe the team configurations.

6. Does your program need help in establishing a formal process for decision-making in your team(s)? Yes ____ No ____ Somewhat ___

Step Two: I. OTHER NEEDS RELATED TO EARLY INTERVENTION WITHIN A TRANSDISCIPLINARY APPROACH

- Please answer the following question:

1. Does your program have other pressing needs that you think our technical assistance might be able to help you with? Yes ____ No ____ Somewhat ___

   - If so, please describe those needs:

APPENDIX D

SAMPLE TRAINING AGENDA

A G E N D A

Day One

TIME	TOPIC	PRESENTER
7:45-8:15	I. GREETINGS, INTRODUCTIONS, OVERVIEW, & INFORMATION SHARING	Deana Buck Debra Carlotti
8:15-8:45	II. FAMILY FOCUSED APPROACH TO EARLY INTERVENTION	Deana
8:45-9:30	III. DISCUSSION OF THREE TEAM MODELS A. Multidisciplinary B. Interdisciplinary C. Transdisciplinary	Debra
9:30-10:00	IV. TRANSDISCIPLINARY PRINCIPLES	Deana
10:00-10:15	BREAK	
10:15-11:30	V. PROCESS OF ROLE RELEASE A. Stages of Role Release B. Practice Activity C. Discussion of Role Release During Work Activities	 Deana Debra Group
11:30-12:45	LUNCH	
12:45-2:30	VI. TEAM DECISION MAKING A. Consensus B. Practice Activity	 Deana Debra
2:30-2:45	BREAK	
2:45-3:30	VII. TRANSDISCIPLINARY PRACTICES	Deana Debra
3:30-3:45	DAY ONE WRAP UP - PLAN FOR DAY TWO	Deana, Debra

Day Two

TIME	TOPIC	PRESENTER
7:45-8:00	I. REVIEW OF DAY ONE, DAY TWO PLAN	Deana
8:00-9:00	II. KEY TRANSDISCIPLINARY PRACTICES A. Referral, Intake, and Screening B. Assessment	Debra, Deana
9:00-9:15	BREAK	
9:15-10:00	II. KEY TD PRACTICES (Continued) C. Program Planning D. Implementation	Deana
10:00-11:30	III. 99-457	
	A. History and Philosophy	Deana
	B. IFSP	Debra
11:30-12:45	LUNCH	
12:45-1:45	II. 99-457 (Continued)	Debra, Deana
1:45-2:30	III. DEVELOPMENT OF ACTION PLAN	Group
2:30-2:45	BREAK	
2:45-3:30	III. ACTION PLAN (Continued)	
3:30-3:45	IV. EVALUATION, PLAN FOR FOLLOW-UP	Deana, Debra

PROJECT TRANS/TEAM TRAINING

Purpose: Project Trans/Team is meeting with the Early Intervention program staff to discuss issues related to the transdisciplinary model of service delivery. The training will also address the role of the family in early intervention. Public Law 99-457 will also be discussed, focusing on IFSP. Future technical assistance and training from Project Trans/Team to assist in implementation of the transdisciplinary model will be planned for, if requested.

Goal: The goal of the training is for staff to be able to identify, discuss, and problem solve issues related to the transdisciplinary model and to begin to plan for implementation of program changes related to 99-457.

Objectives: As a result of participation in this training, staff will be able to:

- o identify similarities and differences and strengths and weaknesses of the three major early intervention models;
- o discuss the philosophical bases of the TD model;
- o recognize the critical nature of role release in a transdisciplinary early intervention program;
- o recognize and practice aspects of team consensus;
- o understand the rationale for the development of P.L. 99-457 and the statutory/regulatory language related to the IFSP;
- o become familiar with issues related to coordination of services with community service providers;
- o identify and discuss the strengths and needs of their program related to the TD model.

WHAT'S IN IT FOR ME?

APPENDIX E

SAMPLE SECTION FROM PARTICIPANT'S MANUAL

THE PROCESS OF ROLE RELEASE

In working as a transdisciplinary team, programs and professionals must commit themselves to teaching, learning, and working across disciplinary boundaries in order to exchange information, knowledge, and skills. Team members teach and learn across disciplinary boundaries through a process called **role release**, originally developed by the United Cerebral Palsy National Collaborative Infant Project (1976).

Role release is the foundation of transdisciplinary team interaction. It allows each team member to improve existing knowledge and skills as well as to acquire new information and skills that are then used by the entire team to benefit children and families. Role release provides transdisciplinary teams with a structure and sequence for sharing information and skills among team members. The sequence begins with continuing to build one's professional skills in preparation for sharing those skills with others. The sequence is completed by providing others with the support they need to acquire new skills and to engage in the release of their own roles.

Definition of Role Release

Role release is the process used by transdisciplinary teams to teach and learn across disciplinary boundaries. The process is the sum of six separate but related processes called role extension, role enrichment, role expansion, role exchange, role release, and role support.

ROLE RELEASE SEQUENCE

Role Extension

- requires self-directed study and other staff development efforts to increase one's depth of understanding, theoretical knowledge, and clinical skills in one's own discipline or area of expertise.

Role Enrichment

- allows team members who are well versed in their own disciplines to develop a general awareness and understanding of the terminology and basic practices of other disciplines.

Role Expansion

- involves acquiring sufficient information from disciplines represented on the team to allow a team member to make knowledgeable observations and program recommendations outside one's own discipline.

Role Exchange

- occurs when team members have learned the theory, methods, and procedures of other disciplines and begin to implement the techniques learned by practicing them under the observation of the team member from the relevant discipline.

Role Release

- involves putting newly acquired techniques into practice under the supervision and authorization of the team member from the discipline that is accountable for those practices.

Role Support

- provides informal encouragement from other team members and, when complex interventions require specific disciplinary expertise, provides backup support and therapy by the team member from the appropriate discipline.

The reason to study each aspect of the role release process carefully is not to learn the proper names for each activity. It does not matter so much what name your program gives to each phase of the process. It is important to emphasize that role release is a sequential process. One stage builds on the foundation laid by the previous stage. Too often, teams ask members to release their roles without proper preparation, practice, and support.

ROLE RELEASE ACTIVITY #1

ROLE RELEASE EXAMPLES

Instructions: Read each example below and decide which phase of transdisciplinary team development is being described.

Role Extension	(Ext)	Role Exchange	(Exch)
Role Enrichment	(Enr)	Role Release	(Rel)
Role Expansion	(Exp)	Role Support	(Sup)

_____ 1. An occupational therapist who is a specialist in feeding attends a workshop on new feeding techniques.

_____ 2. The child development specialist, who has been learning about feeding from the occupational therapist, attends the same workshop.

_____ 3. The physical therapist incorporates a language activity while providing physical therapy to a child for whom she is the case manager.

_____ 4. A case manager who is a child development specialist demonstrates to the physical therapist an activity to increase a child's weight bearing on his arms.

_____ 5. The speech pathologist attends a conference of the American Speech and Hearing Association.

_____ 6. The occupational therapist requests that the social worker provide direct counseling for a family in crisis, and the social worker does as requested.

_____ 7. The child development specialist shows the nurse who is the case manager for a child with behavior problems how to observe antecedent-response-consequence behavior chains.

_____ 8. The nurse in example #7 learns to make programming judgments using the concept of A-R-C chains.

_____ 9. The social worker teaches a dad a simple carrying technique for a child for whom she is the case manager.

_____ 10. The pediatrician, who is a member of the team, conducts an in-service on medical terminology.

FACILITATING ROLE RELEASE

The extent to which teams and team members are able to engage in role release depends on a number of factors, including administrative support, budget considerations, and geography. In order for role release to be successful, transdisciplinary programs must provide for role release in the course of everyday staff activities. Successful role release cannot occur if role release issues are addressed only during pre-service and in-service times. Rather, staff must integrate role release concepts into their daily schedules. Role release works best when teams take advantage of every staff interaction and meeting time to encourage sharing and learning across disciplinary boundaries. The following explanations on the different phases of role release provide some examples of how to encourage role release in the course of your team's typical workday.

Role Extension

TD staff responsibly keep up with advancements in their own disciplines in a variety of ways:

- o reading the latest journals and texts,
- o joining professional organizations,
- o attending meetings and conferences,
- o seeking state-of-the-art in-service training and technical assistance opportunities,
- o continuing formal university course work when appropriate.

Role Enrichment

Once transdisciplinary team members are confident about their own disciplinary skills and abilities, they are ready both to share information with other team members and to learn from them. In every TD staff meeting, time can be scheduled for staff to share basic information and terminology from their own disciplines.

For example, the pediatrician or nurse on a team makes a list defining frequently used medical terms, distributes the list at a staff meeting, and takes ten minutes or so to answer questions or make explanations. Other activities include

- creating a reference library of conference notes and professional journals to share resources among disciplines,
- teaching each other basic terms and concepts in one-on-one exchanges,
- participating in regularly scheduled in-service training based on assessed staff needs.

Role Expansion

As TD staff acquire the basic vocabulary and beginning concepts of each other's disciplines, they become ready to share and learn more complex concepts. Learning to observe and make programming recommendations outside one's own discipline takes time and practice.

The TD arena assessment process, in which all team members join together with the family to determine the child's developmental levels and develop an integrated intervention plan, gives team members the opportunity to begin role expansion. In the meeting held to plan the assessment, staff share information about behaviors to look for in various developmental domains. For example, a physical therapist might alert other staff to watch for obligatory asymmetrical tonic neck reflex or signs of floppy tone, while a social worker might ask other staff to be aware of the emotional aspects of family behavior. The arena itself encourages staff to observe all behavior, not just behavior related to their own disciplines.

Team development of the Individualized Family Service Plan (IFSP) enables staff to learn how other disciplines make programming decisions. Finally, the shared accountability for services on a TD team requires the team to hold regular meetings and case conferences to discuss implementation of the IFSP. These discussions, which may require significant indirect service time, make a major contribution to role expansion.

Role Exchange

After staff have learned theory, methods, and procedures of other disciplines represented on the team, they must demonstrate their mastery of the new information and techniques. It is essential that this demonstration phase takes place under the supervision of the team member from the relevant discipline and that role exchange not be misconstrued to allow unsupervised practice of new skills with children and families. For example, the child development specialist and the speech pathologist may do a joint home visit during which the child development specialist demonstrates her newly acquired feeding technique using jaw control from the side. The speech pathologist observes the process and helps her colleague achieve mastery.

Other activities that facilitate role exchange are

- team teaching,
- "buddy systems" for staff,
- regular case consultation,
- periodic shared home visits.

Role Release

Team members who have demonstrated their mastery of techniques and methods learned from other disciplines and who have incorporated them into their own therapeutic repertoires practice these techniques under the supervision and authorization of the appropriate team member. This phase is at the heart of the role release process.

Team members can authorize one another in this way only after adequately completing the preliminary phases of role release. TD program structure facilitates role release by requiring regularly scheduled blocks of indirect service time for case conferences and other clinical issues.

Pre-service and in-service training on the following topics are important contributors to this phase of role release:

- team building,
- consensus seeking,
- team maintenance,
- decision making.

Role Support

This often neglected component of transdisciplinary exchange is vital to the success of a TD program. Team members rarely have problems supporting and implementing this phase of role release. Rather, a lack of administrative backing generally prohibits role support in TD programs.

In an effort to save personnel time and serve more children or to compensate for the high cost or unavailability of certain kinds of therapists, some program administrators do not allow team members to provide direct therapy. In such instances, the case manager, or primary service provider, is expected to become a "unitherapist"--all things to all children.

Such an arrangement is contrary to transdisciplinary theory and practice. Role support requires that teams consist of professionals from a variety of appropriate disciplines, all of whom are available to provide role support as dictated by the needs of individual children and families.

Transdisciplinary team members often need to provide specific interventions from their disciplines. For example, the physician on the team always conducts physical exams on children, the audiologist routinely conducts impedance screenings, and so forth. The ability to provide these types of services comes through the role support aspect of role release. This level of role release includes team members providing services through specialized skills or skills not yet acquired by other team members. The point to remember is that team members often need to provide specialized interventions on a transdisciplinary team, and that function is provided through role support.

Role Release Activity #2, "Daily Activities That Support Role Release," allows you to discuss your ideas for encouraging and practicing role release with your team.

ROLE RELEASE ACTIVITY #2

DAILY ACTIVITIES THAT SUPPORT ROLE RELEASE

What are your ideas for allowing and encouraging the role release process in your program?

Role Extension:

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Role Enrichment:

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Role Expansion:

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Role Exchange:

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Role Release:

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Role Support:

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ROLE RELEASE ACTIVITY #3

KEY ROLE RELEASE QUESTIONS FOR TEAMS

- Am I committed to the role release process? Is the program? Are all of the other team members? Does our behavior reflect our commitment?

- Do I work at learning from other team members, as well as at sharing my expertise?

- Do the administrative structures of the program allow adequate time for the frequent team meetings necessary for successful role release?

- Is time scheduled and are resources committed for the formal and informal staff development activities that are crucial to role release?

- Do I really believe that families are team members? Does my behavior match my belief?

- Do I feel that I must handle every child personally before I am comfortable that an assessment is done properly?

- Am I willing to keep up with the latest techniques in my discipline? Does the program support my efforts to do so?

- What do I see as the single greatest barrier to successful role release in my program? For me personally?